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Tuberculous aneurysms of the aorta

To the Editor:

We read with interest the brief report on tubercular aneurysm of the descending thoracic aorta published in February 2002 issue of the *Journal.*[1] The reported case highlights the rare nature of the condition and the catastrophic presentation in a patient receiving antitubercular drugs for disseminated tuberculosis.

We recently published our group's experience with 5 cases of tuberculous pseudoaneurysms of the aorta successfully treated at our unit during a 3-year period between 1997 and 1999.[2] The sites of involvement in these 5 patients included the ascending aorta, distal aortic arch, proximal descending thoracic aorta, distal descending thoracic aorta, and infrarenal abdominal aorta, thus indicating that any segment of the aorta may be involved in an appropriate clinical setting. All these patients had received antitubercular drugs in the past and were first seen with sudden deterioration in clinical status. Because tuberculosis is not uncommon in our part of the world, we promptly suspected the diagnosis, leading to successful management. Since then we have successfully managed 3 more cases of pseudoaneurysm of the aorta. Two of these lesions occurred in the infrarenal aorta, and 1 occurred in the descending thoracic aorta. Thus in the past 5 years we have come across 8 patients with this condition. This diagnosis is therefore not that uncommon if the diagnosis is suspected in the appropriate clinical setting.

A striking feature in all these cases was that the aneurysm was saccular in nature. This is probably because most of these lesions are pseudoaneurysms. This is important, because pseudoaneurysm of the aorta in a patient with active or treated tuberculosis may point to the diagnosis.

Before our report, only 88 cases of this condition had been reported in the English-language medical literature.[2] We believe that as the incidences of drug-resistant and human immunodeficiency virus–associated infection rise, the entity will be encountered more frequently.

Because the condition may present with catastrophic symptoms and signs, ready anticipation of the diagnosis is required to achieve an optimal outcome. Histopathologic examination and culture of the tissue from the aneurysm wall should be a routine. This may help to identify and institute the correct drug treatment in such cases.

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